

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL049003	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 11/20/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

JAN 19 2016

HERITAGE PLACE ADULT LIVING CENTER

**1372 EUFOLA ROAD
STATESVILLE, NC 28677**

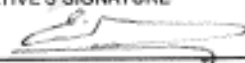
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report of Biennial Construction Survey by Dennis Harrell on 11-20-2015. Records indicate this facility was first licensed on 8-1-1975. Information gathered from the Iredell County DSS indicates that the facility may have been built and licensed as early as 1960 for 13 beds and increased capacity to 40 beds sometime in 1977. The home is currently licensed for 40 beds. Based on this information, we are requiring the facility to meet the requirements of the 1971 Minimum and Desired Standards and Regulations for Homes for the Aged and Infirm, the 1967 North Carolina State Building Code, and the applicable portions of the current Rules for Adult Care Homes of Seven or More Beds.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation at no cost;	C 101		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADMINISTRATOR

1-13-16

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER HERITAGE PLACE ADULT LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1372 EUFOLA ROAD STATESVILLE, NC 28677		
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C 101	Continued From page 1 This Rule is not met as evidenced by: Based on observation the facility is not in compliance with the applicable State Building Code as relates to corridor doors. Section 1104.7 (a) of the 1967 North Carolina State Building Code required "Every interior corridor of Group C, D (Institutional), and E occupancy shall be of not less than 1-hour fire- resistive construction, and all openings therein protected accordingly. Room doors may be 1 3/4 inch solid bonded core wood doors or the equivalent." Failure to provide the proper corridor door could allow a fire that begins in one space to spread quickly to the corridor and the remainder of the facility. Finding includes: The door to the Administrator's office is hollow with an unrated plexiglass window of about 24 by 30 inches.	C 101	A NEW 1 3/4" SOLID DOOR HAS BEEN ORDERED TO REPLACE THE EXISTING DOOR. THIS DOOR WILL BE REPLACED IN 30 DAYS	11-10-15
C 111	Must Have Current San. & Fire Safety Reports SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0302 DESIGN AND CONSTRUCTION f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review. This Rule is not met as evidenced by: 1. Based on review of documents, a current fire and building safety inspection report was not available in the home for review. 2. Based on a review of documents, the required annual fire alarm system inspection report was dated 11-8-2013. Fire alarm systems that are not inspected and approved annually as required	C 111	A FIRE AND SAFETY INSPECTION WAS DONE ON 11-24-15. FIRE ALARM SYSTEM INSPECTION WAS COMPLETED ON 11-23-15.	CORRECTED CORRECTED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

HAL049003

(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING: _____

(X3) DATE SURVEY
COMPLETED

11/20/2015

NAME OF PROVIDER OR SUPPLIER

HERITAGE PLACE ADULT LIVING CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

1372 EUFOLA ROAD
STATESVILLE, NC 28677

(X4) ID
PREFIX
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SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
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PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
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DEFICIENCY)

(X5)
COMPLETE
DATE

C 111 Continued From page 2
could result in the fire alarm system not operating properly in the event of an actual fire.

C 111

C 166 Housekeeping-Maintained Free of Hazards

C 166

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0306 HOUSEKEEPING AND
FURNISHINGS

(a) Adult care homes shall:
(5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards;
(e) This Rule shall apply to new and existing facilities.

This Rule is not met as evidenced by:
1. Based on observation, a corridor door to a bedroom was difficult to open when latch closed. A door that is difficult to open could trap the resident in the bedroom.
Finding includes:
The door to bedroom 26 is difficult to open when latched.

2. Based on observation, an exterior exit path was not maintained free of obstruction. Obstructed exit paths can delay or prevent an evacuation in an emergency.
Finding includes:
An old post was laying across and obstructing the exit ramp at the rear of the facility.
Note, this deficiency was corrected during the survey.

THIS DOOR HAS BEEN REPAIRED
AND IS NO LONGER DIFFICULT
TO OPEN.

WITH ROUTINE INSPECTION OF
ALL EXIT ROUTES, FACILITY WILL
PREVENT SUCH OBSTRUCTION
IN THE FUTURE.

CORRECTED
11-26-15

CORRECTED

C 185 Fire Safety-Rehearsals on Each Shift

C 185

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0309 PLAN FOR
EVACUATION

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C 185	Continued From page 3 (b) There shall be rehearsals of the fire plan quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official. (c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved. (f) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: Based on a review of documents, the records of fire plan rehearsals did not include any description of what the rehearsal involved.	C 185	MANAGEMENT will RECORD DESCRIPTION FOR ALL PLAN REHEARSAL EFFECTIVE IMMEDIATELY.	corrected
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on observation, many corridor doors are not closing well and/or latching to resist the passage of fire and smoke. Corridor doors that do not close completely and latch present the possibility that a fire that begins in one space can quickly spread to the corridor and the remainder	C 189		

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C 189 Continued From page 4

of the facility.
Findings include:

- The Smoke Barrier door does not latch when closed by the fire alarm system.
- The latch strike plate is missing at the door to bedroom 1.
- The latch strike plate is missing at the door to closet 5.
- The door to bedroom 29 does not latch when closed.
- The door to bedroom 38 does not latch when closed.
- The pair of doors to the Day Room were propped open with furniture.
- The pair of doors to the Day Room were hard to close and latch.
- The door to storage closet 28 will not close and latch.
- The latch bolt is missing on the door to closet 34.

2. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction present the possibility that a fire that begins in one space can quickly spread to other areas of the facility.
Findings include:

- Hole in the ceiling in room 5,
- Hole in the ceiling in room 12,
- Hole in the corridor wall near room 12,
- Large hole in the ceiling in the basement storage room.

3. Based on observation, the ice machine drain line was only 1 inch above the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become

C 189

ALL FACILITY DOORS HAVE BEEN INSPECTED AND ARE IN THE PROCESS OF REPAIR AT CURRENT TIME.
ALL DOORS WILL BE REPAIRED WITHIN 14 DAYS.

1-27-16

ALL DEFICIENCIES IN THIS SECTION HAVE BEEN CORRECTED.
FACILITY HAS PUT IN PLACE A POLICY TO MONITOR PHYSICAL ENVIRONMENT ON A ROUTINE BASIS, EFFECTIVE IMMEDIATELY.

CORRECTED

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